UC San Diego

ACADEMIC AFFAIRS
Academic Personnel Services

Faculty Application Form for Pilot COVID-Related Caregiver Modified Duties (CCMD) Program

Applicants should complete this form and submit to their department chairs.

Name _____

Department _____

Title (specify step) _____

List your dependent/s below. Specify their age and your relationship to them.

What percentage of their care are you responsible for? Provide a detailed assessment.

Describe how your working life has been affected by your status as a caregiver in the pandemic. Chairs and deans will be prioritizing the accommodation of junior faculty; if you are an Assistant or Associate Professor, include a discussion of how being a dependent caregiver in the pandemic has affected your career trajectory and your ability to conduct research.

To maximize your department's ability to accommodate your modified duties, please use the space below to specify what form you would like your modified duties to occur in (partial teaching relief? Relief from service or advising? TA support? etc.). Please specify more than one option (and your order of preference), as well as during which academic term or terms you'd like to request CCMD modifications. If requesting teaching relief, please indicate which course(s) for which you would like relief.

☐ If a jointly appointed faculty member, please check this box if you will be requesting a modification in your other department and summarize what you will be requesting there.

Exceptional circumstances: Please indicate any exceptional circumstances related to your situation (e.g. single parent, caretaker for multiple children or elderly parents, partner is an essential worker unable to provide care, dependents have special needs, etc.)

Do you share your dependent caregiver responsibilities with anyone else on campus? If so, will they be requesting CCMD in the same quarter(s)? Explain.

By signing below you attest that your request fits provided guidelines for CCMD and that you are aware that approval of such requests is not automatic and is contingent on available department or divisional resources Your signature here also indicates that you acknowledge that all requests require support from designated reviewers and approval from the program's designated final authority.

Department Chair recommendation. Health Sciences process may require Division Chief input. Please route completed application to your Divisional Dean:

Department Chair Printed Name: _____

Department Chair Signature: _____ Date: _____

Divisional Dean recommendation. Please send completed packet to Academic Personnel, VCHS Academic Affairs or SIO Academic Personnel as appropriate:

Divisional Dean Printed Name: _____

Divisional Dean Signature: _____ Date: _____

Final decision:

Final Authority Name: _____

Final Authority Title: _____

Final Authority Signature: _____ Date: _____